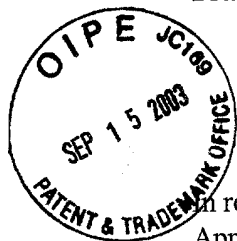


1732
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Practitioner's Docket No. 02365

PATENT



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: STIELER, Ulrich

Application No.: 09/936,756

Group No.: 1732

Filed: 09/11/2003

Examiner: Kuhns, Allan R.

For: PROCESS FOR THE PRODUCTION OF PHYSICALLY FOAMED INJECTION MOLDED ARTICLES

Mail Stop AMENDMENT - FEE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

CERTIFICATE OF MAILING UNDER 37 C.F.R. section 1.8(a)

I hereby certify that the attached correspondence comprising:

Amendment Transmittal (2 pgs.);

Response to Office Action (72 pgs.);

Check for \$205.00; and

Acknowledgment Postcard.

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SEP 22 2003

TC 1700

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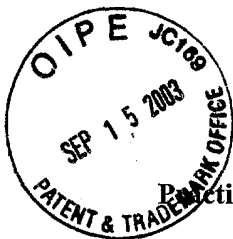
P.O. Box 1450

Alexandria, VA 22313-1450

on Sep. 11, 2003.

Michele J. Young

Signature of person mailing paper



Patentitioner's Docket No. 02365

PATENT

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Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant claims small entity status.

EXTENSION OF TIME

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for two months:

Fee: \$205.00

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

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Date: September 11, 2003

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Signature

Michele J. Young

(type or print name of person certifying)

09/16/2003 GWORDOF1 00000045 09936756

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(Amendment Transmittal--page 1 of 2)

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Art Unit: 1732
Serial No.: 09/936,756
Examiner: Kuhns, Allan R.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1) Claims Remaining After Amendment		(Col. 2) Highest No. Previously Paid For	(Col. 3) Present Extra	SMALL ENTITY Rate	Addit. Fee
Total	24	Minus	24	= 0	x \$9 =	\$0
Indep.	3	Minus	3	= 0	x \$42 =	\$0
First Presentation of Multiple Dependent Claim					+ \$135 =	\$0
Total						Addit. Fee \$0

No additional fee for claims is required.

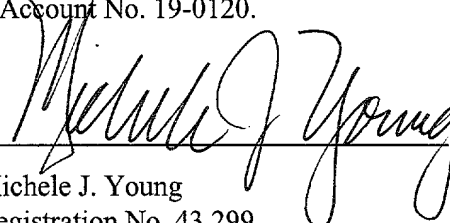
FEE PAYMENT

5. Attached is a check in the sum of \$205.00.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 19-0120.
If any additional fee for claims is required, charge Account No. 19-0120.

Date: September 11, 2003


Michele J. Young

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